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FACSIMILE COVER SHEET

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Deliver to: Nina Bhat, USPTO Art Group: 1764
Facsimile No.: (571) 273-8300 Date: January 25, 2007
From: Brent E. Vecchia, Reg. No. 48,011
Our Docket No.: 6049P001 Number of pages 24 including this sheet.
Application No.: 10/099,771 Filing Date: 3/15/2002
Docket Due Date(s): 1/25/2007

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Pat Sullivan 1/25/2007
Pat Sullivan Date

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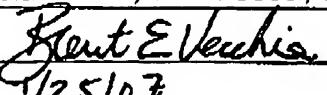
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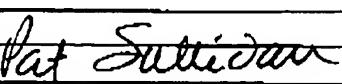
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/099,771
		Filing Date	March 15, 2002
		First Named Inventor	Scott D. Redmond
		Art Unit	1764
		Examiner Name	Nina Bhat
Total Number of Pages in This Submission	24	Attorney Docket Number	6049P001

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Change of Correspondence Address; Facsimile Transmittal Sheet	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	1/25/07

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Typed or printed name	Pat Sullivan		
Signature			
	Date	January 25, 2007	

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (nbc) 10/12/2006
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FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **760.00**

Complete if Known

Application Number	10/099,771
Filing Date	March 15, 2002
First Named Inventor	Scott D. Redmond
Examiner Name	Nina Bhat
Art Unit	1764
Attorney Docket No.	6049P001

JAN 25 2007

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify):

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below		Fee Paid
Independent Claims	29	31*	=	0	X	25.00
	3	4*	=	0	X	100.00
Multiple Dependent						

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	.50	2202	.25	Claims in excess of 20
1201	.200	2201	.100	Independent claims in excess of 3
1203	.360	2203	.180	Multiple Dependent claim, if not paid
1204	.780	2204	.395	**Reissue independent claims over original patent
1205	.200	2205	.150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see below

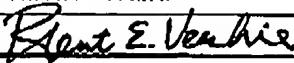
2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	120	2460	120	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(q))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(3)	760.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	01/25/07

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.
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FEE TRANSMITTAL for FY 2006		<i>Complete if Known</i>	
Patent fees are subject to annual revision.		JAN 25	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	10/099,771
		Filing Date	March 15, 2002
		First Named Inventor	Scott D. Redmond
		Examiner Name	Nina Bhat
		Art Unit	1764
		Attorney Docket No.	6049P001
TOTAL AMOUNT OF PAYMENT		(<u>\$</u>)	760.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	29	37	0	x	25.00	=	\$0.00
Independent Claims	3	4	0	x	100.00	=	\$0.00
Multiple Dependent						=	

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
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1204	780	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(3)	0.00

**or number previously paid, if greater. For Reissues, see below.*

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or both
1052	50	2052	25	Surcharge - late provisional filing fee or cover sh
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1810	790	2810	395	For each additional invention to be examined (37
Other fee (specify)				

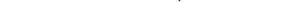
Fee Paid

510.00

250.00

760.00

SUBMITTED BY

Complete (if applicable)					
Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	01/25/07

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